SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Raceived) uu

MUG 18 2014

ENTERED Date:

Permit #: Refund: Amount Paid: 88 × 14.0308 9-3-14

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Owner(s):	I (we) declare that this applied to the control of	SEP 03 2014	Hec a lot issualice	Don'd for lessians			☐ Municipal Use			Commercial Use				Z Residential Use			Proposed Use	Proposea Construction:	Existing Structure: (if permit being applied for is relevant to it)		J		000	<b>\</b>		donated time & material	Value at Time of Completion	Non-Snoreland		☐ Shoreland —▶		Jection 5		1/4,	LOCATION LE		Authorized Agent: (Persor	Contractor:	Address of Property:	「PS55 つ	TYPE OF PERMIT REQUESTED—> Owner's Name:	INSTRUCTIONS: No permits will be issued until all fees are paid.  Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
3	FAILURI cation (including any accomm detail and accuracy of all in county felying on this info any reasonable time for the	□ Other:				☐ Access								and the same of th	Residence		`	JN:	permit being applied		Property	Run a Business on	☐ Conversion ☐ Relocate (existing bldg)	Addition/Alteration	New Construction		Project			Is Property/Land wi	/Is Property/Land wi		Town in the second	1/4	Legal Description: (Us		(Person Signing Application on behalf of Owner(s))			PRACE		will be issued until all fe Bayfield County Zoning ON UNTIL ALL PERMITS
1. TO 1	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  CHAPTER TRANSPORT OF THE PENALTIES  FARTHRESS OF THE PENALTIES AND RECEIPTED TO THE PERMIT OF THE PENALTIES AND RECEIPTED TO THE PENALTIES AND RECEIPTED	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	I	Accessory Building Addition/Alteration	=	Addition (Alteration (angels))	Bunkhouse w/ (☐ sanitary, or W sleeping quarters,	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	. 🗀	Principal Structure (first structure on property)			d for is relevant to it)		☐ Foundation	[::]	☐ 2-Story		□ 1-Story	and/or basement	# of Stories			☐ Is Property/Land within 1000 feet of Lake, F	Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—		N Bana 35	Gov.t Lot	tatement)	4 P			Ö S		LAND USE SANITARY	es are paid. Department. HAVE BEEN ISSUED TO APP
	TARTING CONSTRUCTION Vexamined by me (us) and to the fing and that it will be relied up in or with this application. I			entre entre de la companya de la com		//Alteration (specify)	y)	date)	leeping quarters,	barage					g shack, etc.)	ucture on property)	Proposed Structure	tengin: / 0									<u></u>		I Yes Continue		tream (ind. Intermittent)		Town of:	CSIVI VOI & Page	70 7	N: (23 dipits)	Agent Phone: A	Contractor Phone: P	City/State/Zip:		☐ PRIV	
	VITHOUT A PERMIT best of my (our) knowl on by Bayfield County (we) consent to county			AMMANIAM MANAGEMENT TO THE TAXABLE T		A THE STATE OF THE	THE TAXABLE PROPERTY OF THE PR		<u>or</u> □ cooking & f								Ö		•			□ None		2	1	bedrooms	2, #			Distance Structure	Distance Structure	NA HOUSE	protection.	Lot(s) No.	6		gent Mailing Addr	Plumber:	5	ST. TOWN		Zoning Dept.
	WILL RESULT IN PENedge and belief it is true in determining whether officials charged with		- And Salabath Salaba	- Allendary - Company - Co		HAVA AMERICA A REPORTED AND THE STREET AND THE PARTY OF T	***************************************		or □ cooking & food prep facilities)									width: / 6		None	☐ Compost To	1 I	Privy (Pit) or	(New) Sanitary		İso	S			ure is from Shoreline :	ure is from Shoreline :		,	Block(s) No.	o "		Agent Mailing Address (include City/State/Zip):		しつめたゝ	THE SERVICE	Zip:	
Date 15 P	ALTIES a, correct and complete. I (we a, correct and complete. I (we) furd in to issue a permit. I (we) furd administering county ordinance.	×	-	×		×	~ <i>~</i>	× >	Ē	×	×	×	×	××	~ ×	( x	Dimensions	neign	Height		Toilet	≥,	or Vaulted (min 200 gallon)	ary specify type:		Is on the property?	What Type of	NATION OF THE PROPERTY OF THE	1000	<del>,</del>	eline : Is Property in Floodplain Zone?		Lot Size	Subdivision:	Volume 10240	Recorded Document: (i		p		E 1	SPECIAL USE B.O.A.	
th 301 th	) acknowledge that I (we) her accept liability which ses to have access to the		)	)		)			1256								Square Footage						Ogallon)		□ City		Water	American management and a control of the control of		s			Acreage		636 Page(s) 18	Yes   No	Written Authorization Attached	Plumber Phone:	695-3287	8649-288	A. □ OTHER	

Owner(s): 7

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All Owners must sign or letter(s) of authorization

must accompany this application)

Date

Authorized Agent:

(If you S

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Address to send permit

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Hold For Sanitary	13	Condition(s);Town, Committee	hunkhawe.  Date of Inspection: (a) Inspection Record.	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)  ☐ Yes ☐ No	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #:	Issuance Information (County Use Only) Permit Denied (Date):		other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure within ten [10] feet of the minimum required setback, the boundary line from which the setback must be measured must be wislbi other previously surveyed corner or marked by a licensed surveyor at the owner's expense.  Prior to the placement or construction of a structure more than ten [10] feet but less than thirty [30] feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	back to P	Setback to S	Setback fror	Setback from Setback from	etback from	Setback from Setback from			Please complete (1) (7) above (prior to continuing)				1
Itary	8	B 25	ection:	Was P sed Bu	arianc	a Sub Jommo Tre Nor	4-0	<b>nforma</b> l d (Date):	(9)	ment or a nent or a newyed or reyed or	rivy (F	to Septic Tank	the	the the	the	the the		(8)	mplet (				(7)
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Hol	1900			Create	Case #:	□ Yes		Inty (	ICE: A	by a lice structure r previous s expens	nposti	ing Tank		o lo		of Platte Right-c	_	neasu	bove			d	Show Location of: Show / Indicate: Show / Location of (*): Show: Show: Show: Show: Show any (*): Show any (*):
Hold For TBA	*	t Condit	7	st				Jse O	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Pri NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling. The local Town, Village, City, State or Federal agencies may also require permits.	within to nsed sun more that sly survey	ng)	무			100	of Platted Road d Right-of-Way		Setbacks: (measured to the closest point)	(prior t			Q	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (7) Show any (*): (8) Show Location of (*): (8) Well (W); (*) Septic Tank (ST); (*) Drain Field (*) Show any (*): (8) Show any (*): (9) Wetlands; or (*) Slopes over 20%
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	: I.		spec			s Lot(s)	Permit Date:	Sanitary Number: Reason for Denial:	Expire Fam	minimur r's exper at less tha fiable by			ST.	20		0	Mea	point)				(g)	onstrun Plot n Plot y and struct Struct Struct ls; (*) S
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	4	CILINO they need to be  NOOD   Sprage (	Were	Previously Granted by Variance (B.O.A.) □ Yes □ No	Mitigation Required Mitigation Attached	Z	P	Septic Tank (ST), the Date of Issuar Municipalities Are ederal agencies m	undary lir minimur a correct		Setback	Eleva	Setback 20% Slo	Setb	Setback Setback							Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%	
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Date of Approval:	んないろう	1 1613	rict fication		-	Affidavit Required Affidavit Attached		Date:	(P), an	previous measure of the str		Q M		Yes	100	S		Plann					(P)
1		¥o	Zoning District (1967) Lakes Classification (1967) Date of Re-Inspection:			□ yes			Privy (P), and Well (W), un. elling Code.	le from one previously surveyed corner to define the visible from the structure, or must be posed site of the structure, or must be		O		PS	a	0	Measurement	d by the Planning & Zoning Dept					
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## reld County, WI



x = building site